

INSTRUCTIONS FOR SERVICE OF APPLICATION AND ORDER FOR APPEARANCE AND EXAMINATION  
(ORDER OF EXAMINATION)

(A) Fill in the date of hearing as shown on the Order of Examination: \_\_\_\_\_. This document must be personally served at least 10 days prior to the court date. Substitute service is not allowed. In order to provide the best possible service for you, we ask that you allow as much time as possible prior to this cut-off date to attempt service.

(B) Fill in a short title of the case using the last names of the first listed plaintiff and the first listed defendant; for example, "Smith vs Jones."

(C) List the persons to be served exactly as the names appear on the Order of Examination. Fill in the address for service and indicate whether this is a residence or business address. If you have more than two defendants to serve, mark the "Yes" box and list those names and addresses on the reverse side of this form. We can only make services in Marin County. We cannot serve at a post office box. You may give us more than one address as long as all addresses are in Marin County.

(D) Complete the following section if you have any special instructions that will assist us in serving your papers; for example, a description of the defendant or specific hours that the defendant is most likely to be at the address given:

Attached are ( ) required fees in the amount of: \$ \_\_\_\_\_ OR ( ) fee waiver

(F) Print your name: \_\_\_\_\_

(G) Sign your name: \_\_\_\_\_

(H) Fill in your address, INCLUDING A ZIP CODE. If this is a Marin County Municipal Court action, you must provide us with an original Order of Examination and a copy for each person to be served. A proof of service or a not found return will be sent to the court along with the original Order of Examination and a copy of the return will be sent to you. In all other cases you need only to provide us with a copy for each person to be served and all returns will be sent to you for filing with the court. It is not necessary to call us for status of your case unless you have not received a proof of service or not found return five days prior to your hearing.

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, State, ZIP

(I) Please provide your daytime telephone number in the event that we have questions:

\_\_\_\_\_

Additional persons to be served:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address Business ( ) Residence ( )

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address Business ( ) Residence ( )